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COMMISSIONER FOR PATENTS
Mail Stop Patent Application
P.O. Box 1450
Alexandria, VA 22313-1450

PATENT APPLICATION
Date: October 8, 2003
File No. 2322.68522

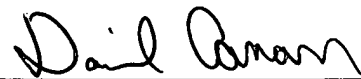
Sir:

Transmitted herewith for filing is the patent application of
Inventor(s): Stefan SPAHR et al.

For: METHOD FOR MANUFACTURING BICYCLE
COMPONENTS

I hereby certify that this paper is being deposited with the United States Postal Service as EXPRESS MAIL in an envelope addressed to: Mail Stop PATENT APPLICATION, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this date.

October 8, 2003
Date


Express Mail Label No.: EV 032698075US

Enclosed are:

- ☒ 22 pages of specification, including 23 claims and an abstract.
- ☐ an executed oath or declaration, with power of attorney.
- ☒ an unexecuted oath or declaration, with power of attorney.
- ☐ _____ sheet(s) of informal drawing(s).
- ☒ 5 sheet(s) of formal drawings(s).
- ☐ Assignment(s) of the invention to _____ and Assignment Cover Sheet.
- ☐ A check in the amount of \$ _____ to cover the fee for recording the assignment(s).
- ☐ Information Disclosure Statement, Form PTO-1449 and cited references.
- ☐ Claim for Priority and Priority Document.

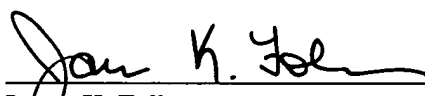
Fee Calculation For Claims As Filed

- | | | | | | | |
|---|-----------|---|----|---|------------------|------------------------------|
| a) Basic Fee | | | | | | \$ 770.00 |
| b) Independent Claims | <u>4</u> | - | 3 | = | <u>1</u> | x \$ 86.00 = \$ <u>86.00</u> |
| c) Total Claims | <u>23</u> | - | 20 | = | <u>3</u> | x \$ 18.00 = \$ <u>54.00</u> |
| d) Fee for Multiple Dependent Claims | | | | | | \$ 290.00 = \$ _____ |
| | | | | | Total Filing Fee | \$ <u>910.00</u> |
| <input checked="" type="checkbox"/> Applicant(s) qualifies as a Small Entity, reducing Filing Fee by half to | | | | | | \$ <u>455.00</u> |
| <input checked="" type="checkbox"/> A check in the amount of \$ <u>455.00</u> to cover the filing fee is enclosed. | | | | | | |
| <input type="checkbox"/> Charge \$ _____ to Deposit Account No. 07-2069. | | | | | | |
| <input type="checkbox"/> Other _____. | | | | | | |
| <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. §§1.16-1.17, or credit any overpayment, to Deposit Account No. 07-2069. A duplicate copy of this sheet is enclosed. | | | | | | |

Respectfully submitted,

300 South Wacker Drive – Suite 2500
Chicago, Illinois 60606
Telephone: (312) 360-0080
Facsimile: (312) 360-9315
Customer Number 24978
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GREER, BURNS & CRAIN, LTD.

By: 
James K. Folker
Registration No. 37,538